

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # 851761**1. Entity Name
INTERAIR LEASES, INC.

Principal Place of Business

950 S.E. 12TH STREET.

HIALEAH
33010

FL

Mailing Address

16505 NE 26TH AVE

MIAMI
33160

FL

2. Principal Place of Business

7220 NW 36TH STREET

Suite, Apt. #, etc.
305

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

Zip
33166

Country

Zip

Country

4. FEI Number

59-1415373

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUDNICK MYRON H
16505 NE 26TH AVEMIAMI
33160

FL

US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 04/28/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOLSTER MERCEDES C	
STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VODM	<input type="checkbox"/> Delete
NAME	MERHI M. Y	
STREET ADDRESS	950 SE 12 STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ CYTHIA	
STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUDNICK MYRON H	
STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VODM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERHI M. Y	
STREET ADDRESS	7220 NW 36TH STREET, SUITE 305	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLSTER MERCEDES C	
STREET ADDRESS	7220 NW 36TH STREET, SUITE 305	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDNICK MYRON H	
STREET ADDRESS	7220 NW 36TH STREET, SUITE 305	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myron H. Budnick

P

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)